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COMMUNICATIONS.

LACERATION OF THE PERINEUM, EXTENDING THROUGH THE SPHINCTER-ANI, AND INTO THE RECTO-VAGINAL SEPTUM—SUCCESSFUL OPERATION.

BY GEO. A. STERLING, M. D.,
Of Sag Harbor, N. Y.

The above named accident, happening in labor, is, however slight, an unpleasant occurrence, and in more severe cases may become a most serious complication. I have been induced to report the following case, not only from its gravity, which ended in complete recovery, but from various circumstances connected with it, which were rather of an unusual character.

The patient, Mrs. S., aged 21 years, was naturally possessed of a good constitution, but very slight, both in build and stature, weighing in the neighborhood of ninety pounds. I had attended her during her first confinement, the labor then terminating naturally, with only a slight laceration of the posterior fourchette. An anæsthetic was used at the time, and the child proved to be rather undersized, weighing between four and five pounds. I may mention, in connection with her first labor, that it was necessary to use the catheter for over three weeks after delivery, owing to spasmodic action of the urethra, the spasm, at times, being so severe that it was only overcome, and the passage of the catheter rendered possible, by the inhalation of chloroform. Some time previous to her second confinement she had suffered from a severe attack of diphtheria, losing,

at that time, both her husband and infant from the same disease, which tended greatly to disturb her *morale*, and render her general condition such that I feared it would preclude a natural puerperal convalescence. Thirteen months after the birth of her first child she was taken in labor with the second. On visiting the patient I found her general condition good, labor progressing naturally, with every appearance of a favorable termination, such continuing to be the case till distention of the perineum began to take place.

As is sometimes a peculiar feature in accidents of this kind, the vulval opening was unusually small, and as the head descended, the former seemed almost parallel with the plane of the trunk, and much more anterior than is usual. This was so persistent a feature in the case, that, as the pains continued, they becoming now more than usually violent and prolonged, the perineum began to assume a pouch-shaped appearance, not unlike the half of a cocoa-nut shell; this being more apparent as the head receded after each uterine contraction.

The presenting part of the child, in the meanwhile, refused to take the normal direction of the outlet, the perineum losing its natural elasticity, becoming stretched, swollen and congested, so much so, that the vertex seemed about to escape through its centre.

During this stage of the labor, at the termination of each pain, the head was carefully pressed upon, and in a measure returned into the cavity of the pelvis, this procedure being necessary to relieve the congestion of the parts, and that the circulation might not be too much

interrupted in the presenting part of the child. The patient was now brought thoroughly under the influence of chloroform, both to relieve pain and abolish all voluntary effort. Persistent support, in the meantime, was given to the perineum, the head being guided in the direction of the outlet; and Dr. Wm. Goodell's method of pulling the sphincter ani toward the pubes being also adopted, as much as the circumstances of the case would admit. Probably the space of two hours was consumed before the vulva was sufficiently dilated to allow passage of the child's head, which was finally effected without damage to the perineum. This process was rendered unusually tedious and prolonged, on account of the unnatural anterior position of the ostium vaginae, making exaggerated extension necessary before exit of the head could take place. It was at this stage of the labor that the laceration occurred. A violent expulsive pain, sufficient to expel the whole child, forced the shoulders upon the already over-distended and disorganized perineum, and as they emerged from the vulva, the parts could be felt to give way before them, like wet blotting paper. The placenta was naturally expelled, with little or no hemorrhage, but considerable bleeding took place from the lacerated parts, which was easily controlled by cold and pressure.

A thorough examination now, revealed the severity of the injury that had taken place. The laceration was found to extend entirely through the sphincter-ani, and to be directed upward into the recto-vaginal septum, for a distance of about one and a half inches. On recovering consciousness, the patient complained of no pain in the region of the injury; the intense pressure and tension which the parts had undergone probably rendering their sensation less acute. In the course of a few hours the swelling and congestion had, in a great measure, disappeared, due to the gradual oozing that was taking place from the torn surfaces, inasmuch that by the next day they presented a comparatively natural appearance. As an unlooked-for feature in the case, the child proved to be unusually large and well developed, weighing between nine and ten pounds. Its bis-acromial diameter was excessive, so much so, that the shirts provided for it were found too small, and larger ones had to be substituted. I am of the opinion that one cause, at least, of the extensive laceration that occurred, proceeded from the

sudden and violent expulsion of the shoulders, before their proper and complete rotation had taken place, thus presenting an unusually large bis-acromial diameter to the transverse diameter of a vulva already distended to its utmost capacity. Of course, an operative procedure now became necessary, and in the subsequent treatment of the case I associated with me the valuable assistance of my friend, Dr. Jas. H. Rogers, of this place.

We proceeded to operate twenty-eight hours after delivery had taken place, deciding to employ the quilled suture, that promising the most favorable result, in tending to bring the torn structures more thoroughly into apposition. After the bowels had been well evacuated, three deep-seated double ligatures were passed with a curved needle; one at the posterior fourchette, another at the verge of the anus, and one midway between the two. Three superficial stitches were also taken between the others, as, when the parts were brought together, there was some tendency to pouting of the edges of the wound, these latter obviating the difficulty. Ordinary quills were used as cylinders, although two pieces of a gum-elastic catheter would probably have answered a better purpose. The several sutures being strongly and carefully tied, perfect apposition was effected. We had previously decided to leave the rent in the recto-vaginal wall to the reparative powers of nature, and, if necessary, take measures to relieve it by subsequent treatment. When the operation was finished, which was performed with the patient under the influence of an anæsthetic, she was placed upon her back, with the knees tied together, at the same time an opiate being given, to insure a constipated state of the bowels; the bladder being relieved night and morning by the use of the catheter. A solution of carbolic acid was used daily, as a vaginal injection, an external application of the same being constantly kept to the parts. The patient's diet consisted principally of milk and beef tea, that as little fecal residue might be left as possible. Lactation was normally established on the third day, the child receiving its entire nourishment from the breast. The case continued to progress favorably; no swelling or sign of inflammatory action occurred, and by the seventh day the superficial stitches were removed, they being no longer of use. It was thought best, at this time, to apply a suture of silver wire near the divided edge of

the sphincter ani, which later on proved of service, in the more perfect cicatrization of that muscle. Gas, at this stage of the case, began to be troublesome, by escaping from the vulva, through the rent in the recto-vaginal wall, thus interfering with the healing process. This was remedied by the introduction of a hollow silver tube into the rectum, passing through the sphincter ani, which met the wind higher up than the laceration extended, and it escaped entirely thereby. The daily use of opium, given by the mouth, having a tendency to produce nausea, and impair the appetite, suppositories of the drug were, from this date, introduced through the tube, which entirely controlled the bowels, and allayed the unpleasant symptoms connected with the stomach. The quilled sutures were removed on the sixteenth day, and union of the perineum was found to be perfect, having taken place by first intention throughout its entire extent. Digital examination per vaginam now disclosed the fact that the injury to the recto-vaginal wall was rapidly healing by granulation. No fistulous opening could be discovered by the touch, although, if the tube was withdrawn from the rectum, gas still continued to escape from the vagina. It was four weeks before this process of healing was fully completed, but at the end of that period the septum proved to be normal and complete, the patient having perfect control of the sphincters. The bowels were evacuated on the fifteenth day after the operation, the deep-seated sutures being allowed to remain till after that time, that additional support might be given to the parts. The additional precaution was also taken, to pack the vagina with sponge, that no undue pressure might be exerted on the recto-vaginal septum.* The opiate had been previously withdrawn, and the cathartic of citrate of magnesia was preceded by injections of warm water and glycerine, to soften whatever mass might have accumulated. The bowels moved naturally at the end of the third week, at which time the patient was allowed to sit up, and at the termination of the fourth she was around the house as usual, and had resumed her ordinary duties.

The cure proved a complete one, which was hardly anticipated, showing not only the great reparative powers of nature, but that in operations of the kind we can sometimes be warranted in expecting complete recovery, in the most aggravated cases.

A CASE OF INTUSSUSCEPTION.

BY GEORGE B. FUNDENBERG, M. D.,
Of Cumberland, Md.

Not long ago, I was called to see a fat, well developed child, of six months. The mother directed my attention to a purple tumor which appeared at the anal sphincter when the child strained, and disappeared when the straining ceased. This tenesmus had existed forty-eight hours, nothing but a small quantity of mucus being passed. During the last six hours incessant attempts to vomit came on, with the occasional ejection of the stercoraceous contents of the bowels.

Upon introducing the index finger, it came into contact with a cone-shaped tumor, which was evidently an intussusception, and not of the rectum, for the finger could readily be passed up as far as the colon, and yet not reach the reflected upper portion of the intestine. No opening could at first be discovered at the end of the projecting bowel, but upon a more careful examination I found an aperture at one side, into which I could pass the tip of the finger. This position of the opening served only to confirm the diagnosis, for, as is well known, the attachment of the mesocolon turns the orifice to one side. The shape of the opening was also characteristic, being more like a slit than a round hole, a fact accounted for by the same traction of the mesocolon. I now prepared to reduce the intussusception by the only method which occurred to me as likely to succeed.

Assisted by Dr. O. M. Schindel, I placed the child under the full influence of chloroform, having previously wrapped the flange of the nozzle of a Davidson's syringe with a roller bandage, an inch and a half wide, in such a manner that when the nozzle should be introduced into the rectum the bandage, tightly pressed against the nates, would make the apparatus water-tight, and thus prevent regurgitation. My assistant now inverted the body of the child, and while in this position, I injected about two quarts of tepid water, and holding the wrapped bandage tightly against the body of the child, the force of the injection and the aid of gravitation were brought to bear in the most efficient manner, in the return and straightening out of the bowel; the child being at the same time completely anesthetized, so that no resistance nor tenesmic efforts prevented resti-

tution. After about ten minutes of this kind of effort, the nozzle was withdrawn, and a careful examination made, but no tumor could be felt. A sufficient dose of morphia was now given, before the child had quite recovered from the influence of the chloroform, and successive doses were ordered, sufficient to keep the child quiet for several days. Liquid nourishment was given, and in forty-eight hours more the bowels moved freely and spontaneously, and there was no further return of the trouble.

The rarity of cases like this may be estimated, when it is stated that the occurrence is rarely referred to in the books. Vogel remarks that "intussusceptions occur frequently in the large intestines, and, when in the rectum, may possibly be felt per anum."

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL CLINIC (SURGICAL).

SERVICE OF DR. R. J. LEVIS.

Reported by A. M. Bennett.

CASE 1. This is a patient suffering from a sprain of both ankles, the consequence of slipping on the stairs. To save herself from falling she jumped, striking heavily on both feet.

A sprain may be defined as an injury of a joint, tending toward dislocation, and may be attended with stretching of the ligaments, or tendons, or both. The greater frequency of sprain of the ankle-joint, as compared with other joints, may be ascribed to three causes:—
1. Its position, receiving, as it does, the whole weight of the body. 2. The great leverage it may exert upon a small surface. 3. The rigidity of the lateral ligaments. The liability of confounding sprain of the joint with fracture of the lower end of the fibula, is worthy of a moment's attention.

When a patient is brought to you for diagnosis, hold the foot firmly in the left hand, and with the right make firm pressure upon the upper part of the fibula; if the patient flinches and cries out with pain, and if, on further examination, you find some lateral play of the joint, you have the certainty of fracture of the lower end of the fibula, even without crepitus, which is not always easily made out in this situation. If, on the contrary, pressure on the fibula does not add to the pain of the patient, you will direct your attention to the joint, and ask yourselves if you have to deal with injury of the ligaments, or of the tendons, and if the swelling be due to effusion into the joint, or into the sheaths of the tendons. I am convinced that stretching of the tendons of the flexors and

extensors is a frequent condition, too often ignored. They are especially liable to sprain where they curve, the extensors around the external, the flexors around the internal malleolus. Diagnosis is made by putting the injured muscles upon the strain. In the case before us, you see the patient flinches from extension; we are, therefore, sure we have sprain of the extensor tendons. Have we also effusion into the joint? There are two points where the joint is comparatively superficial, at the inner and outer sides of the extensors. Looking at these points, we find the hollows naturally existing effaced, and pressure, even slight, gives exquisite pain. Our diagnosis is made. We have here sprain of the joint, with effusion into the joint, with sprain of the extensor tendons. In regard to treatment, a recent sprain is best treated by hot water. Put the foot in a bucket of water, kept as hot as can be borne, for half an hour. Just how this acts we cannot say, but there seems to be more than a revulsion of circulation. We may then dress with an ordinary bandage, or better, some fixed dressing which shall keep the parts at rest.

CASE 2 is a fracture of lower end of fibula, and will illustrate the point in differential diagnosis, mentioned above. You see that, holding the injured foot firmly, by making pressure in the manner directed, the patient cries out with pain; you also observe some lateral movement is possible; pressure upon the points mentioned, each side of the extensors, discovers also tenderness, so that we have not only fracture of the fibula, but effusion into the joint. There can be little displacement in this fracture, and the treatment will be a simple bandage, followed, after two or three days, by a fixed dressing, and of these, the glue is preferable.

CASE 3 is one of abscess of the mammary gland, extremely common, especially among primiparæ. I am persuaded that by far the most frequent cause of mammary abscess is a defective nipple; one or more of the outlets will be found obstructed, on close examination. I show you this case to illustrate a method of treatment which I have found very satisfactory, viz., by compressed sponge. This is easily prepared from ordinary sponge, by washing it free from impurities, dipping in gum and water, and placing under weights, allowing it to dry, thus compressed.

The pus burrows deeply, forming sinuses throughout the gland, and the treatment consists in dilating and keeping open the orifices of these sinuses, by narrow strips of this compressed sponge. Small pieces may be used at first, followed by larger, and this, with proper support to the breast, will be found sufficient until, at a later stage, when pressure may be advantageously applied.

—A Montreal doctor has just sued his landlord for \$20,000 damages, for illness caused, he alleges, by the unhealthiness of the house in which he resides.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY—
STATED MEETING, October 13th, 1875.

Dr. F. Delafield, President, in the chair.

Tumor of Neck.

Dr. Beverly Robinson presented a specimen of tumor of the neck, with the following history:—

Margaret M., set. sixteen, was seen on May 16th, 1875. She presented a large tumor, involving the anterior portion of the neck; it was dense throughout, and composed of two lobules; a thrill was imparted to it at every cardiac systole. The patient's voice was husky, and she complained of a dry cough and dyspnea. Tincture of iodine had been applied to the surface of the tumor for some time, but no results of any kind followed its use. The next treatment pursued had been the introduction of tincture of iodine into the tumor, by means of injections, every three or four days, and the application of the galvano-puncture. Under this method of treatment the tumor diminished in size. The patient was lost sight of for some months. On September 23d the doctor was summoned in great haste, and found the patient insensible, cyanosed, and her respiration labored. For a few days before she had been suffering from a slight cold. The tongue was pulled out, with a view of allowing a freer access of air to the lungs, and ice was applied to the tumor; all treatment, however, proved of no avail, and she died asphyxiated.

Autopsy.—The autopsy had been made six hours after death. The sterno-hyoid and sterno-thyroid muscles were incorporated with the capsule of the gland. The tumor extended from above the thyroid cartilage to the ninth ring of the trachea, and was divided into two lobes; these met behind the trachea and oesophagus, thus enclosing them. In some portions of the tumor small cysts were found. The tumor was very vascular, and belonged to that class called *struma gelatinosa vasculosa*.

Osteo-myelitis—Fracture of Femur.

Dr. Erskine Mason presented a specimen of the shaft of the femur, which had been removed from a boy, aged six, who had been admitted to Bellevue Hospital on November 4th, 1874. The previous history of the case had not been satisfactory, as it could not be determined how he had been injured; it was said that he fell upon some stone steps, and had injured his leg. On admission, the leg was flexed upon the thigh, and the thigh upon the pelvis; there was no swelling of either leg or thigh, but the latter was intensely painful to the touch; no fracture was detected. The temperature in the axilla was 103°, and for the first five days the little patient was restless and delirious at night. At

the end of a few days swelling of the thigh commenced, and soon extended from the knee to a few inches below the trochanter. On December 23d fluctuation was detected, an incision was made, and pus and blood discharged. Shortly afterward synovitis became manifested. To counteract the flexion of the leg and thigh the weight and pulley were resorted to. On January 7th, 1875, a swelling was noticed near Poupart's ligament, an incision made and pus evacuated. A seton was introduced through this incision, and passed out through the former one; the discharge of pus became profuse. The condition of the patient remained about the same, but at times he would grow worse, the temperature reaching 104°. While the house surgeon was dressing the wound, on February 15th, he detected a fracture of the femur at the junction of its middle and upper third; it was supposed to be fracture of the involucrum by all the surgeons. Extension of the limb was kept up by means of weight and pulley. The opening above Poupart's ligament gradually closed. A consultation was held, and an operation was deemed necessary. On April 3d an incision was accordingly made on the inner aspect of the thigh, to the extent of four inches, and, contrary to expectations, no involucrum was found, and no vestige of new bone could be detected; fracture of the shaft and not of the involucrum had occurred; this was removed, and a plaster of paris splint applied. On May 28th, the wound had healed, the plaster splint was removed, and it was found that the patient could raise the affected limb at right angles with the trunk. He soon was able to walk with crutches, and in June he was discharged from the hospital cured.

Dr. Mason was of the opinion that the case was one of osteo myelitis at the onset, and that the periosteum subsequently became involved. The boy was exhibited; he could use the limb well, and the shortening amounted to 1½ inch.

Ossification of the Latissimus Dorsi, Scalení, and Erector-Spinæ Muscles.

Dr. E. P. Gibney brought before the society a girl, aged ten, who was the subject of ossification of the latissimus dorsi, scaleni, and erector-spinae muscles. Some months ago she had suffered from diphtheria, which left paresis of the vocal cords for some time afterward. In the early part of last spring she noticed a difficulty in bending her body forward. She was brought to see Dr. Gibney, by her mother, on September 14th, for right scoliosis.

Dr. Janeway said that the case was a rare one, and the first he had ever seen; that the disease was progressive in character.

Dr. Knapp stated that he had seen a case of the kind in Heidelberg, in a woman aged 30, where most of the muscles were involved, and that the disease was still progressing.

Dr. Janeway thought that it would be advisable to divide the tendon of the latissimus dorsi, in order to free the arm.

Dr. Heitzman suggested the use of lactic acid, internally, in small doses.

New Growths in Liver—Pseudo-leucæmia.

Dr. Janeway presented sections of liver which were the seat of new formations. The history of the case was as follows: Samuel Jones, aged 36, had had syphilis, and had been intemperate. Entered Bellevue Hospital on August 28th, 1875. He complained of feeling cold every morning, this chilliness being followed by profuse perspiration. His urine had been examined. It was acid; its specific gravity 1014, and contained no albumen; nothing abnormal was found on microscopical examination. Large doses of quinia and tinct. ferri chloridi were given. At the end of two weeks no improvement had taken place. He was then attacked with diarrhoea, and became very anæmic. Three days before death he was seized with pain in the epigastrium. On examination no tumor was found in that region. The liver and spleen were both enlarged, but the former more so than the latter. No casts were found in the urine. Leucocythemia was suspected, but no increase of white blood corpuscles was perceived under the microscope. On the evening of October 3d he was seized with pain in the epigastrium, and in the right and left hypochondriæ. He died in a fit of syncope, which was induced by colic.

Autopsy.—Heart and lungs normal. Liver enlarged and infiltrated, no nodulation, moderately firm on section. Small white new formations were seen in and around the smaller portal canals. The spleen was from one-half to twice its normal size, and, on section, presented, here and there, a whitish appearance, due to hyperplasia. The lumbar and mesenteric glands were slightly enlarged; the axillary and inguinal not at all. The marrow of the femur was red, instead of yellow, as is found in healthy bone. The microscopical examination of the liver revealed round lymphoid cells, imbedded in a reticulum; in some places one, while in other places two, might be seen; some white globules were also seen arranged in the reticulum. The osseous tissue contained a very small amount of fat.

Dr. Janeway thought that the liver had acted as a filterer of white globules, and, had the case not terminated at this stage, it would have probably progressed further, and would have been one of leucocythemia. The interesting point was the existence of moderate enlargement of the spleen and the condition of the liver in connection with so slight an enlargement of the lymphatic glands.

Lipoma.

Dr. Post presented a fatty tumor, weighing five and a half pounds, which he had removed, by operation, from a man aged 60 years. It was situated on the shoulder, and had been growing for nine years. Hemorrhage had followed ulceration of the integument, due to the distention of superficial veins.

Apoplexy—Convulsions—Atheroma of Cerebral Vessels—Death.

Dr. J. Lewis Smith presented the brain of a man, aged 52, who had been admitted to Charity Hospital on September 24th, 1875. He complained of pain in the occiput and lumbar region, and had been affected with right hemiplegia, and paralysis of the left side of his face, for some time. Five days later, while on the grounds adjoining the hospital, he was seized (at 1 P. M.) with convulsions of the right upper and lower extremities, right side of the trunk, and right side of the face. The convulsions were not well marked, but continued for most of the afternoon. At three o'clock the pulse was 120; temperature in the right axilla $107\frac{3}{4}^{\circ}$, while in the left one, it was $103\frac{3}{4}^{\circ}$; one hour later it was 108° in the right axilla, and 104° in the other. The pupils were dilated most of the time, but would contract now and then. He passed into a state of coma, which continued until death took place, at 6.30 P. M.

Autopsy.—Twenty-four hours after death. On examining the brain, flattening of the convolutions of the left hemisphere was seen. About half of the arteries at the base were in a state of atheroma, and their calibre thereby diminished. Between two and a half and three ounces of serum escaped from the ventricles, and the posterior cornea were distended with it. Small cysts, about the size of a pea, were found in both hemispheres (posterior and middle lobes), corpora striata and optic thalami. There was one point in the pons varolii, where absorption of its substance had taken place. In the left corpus striatum, a clot, of recent formation, was found, about the size of a pea; this had, probably, occurred at the time of the convulsions. The posterior portion of the corpus callosum and fornix were absent, and only one inch of the former remained. The liver was cirrhotic and the kidneys fatty. The points of interest in connection with this case were: first, the difference of temperature existing on both sides of the body at the time of the convulsive seizure, and second, the inconsiderable degree of softening of the brain that existed. The effusion of serum in the lateral ventricles, which occurs in these cases, is, according to Rokitsansky, a compensation to supply the intracranial deficiency resulting from the absorption of the brain tissue.

Dr. Janeway said that the cross paralysis was particularly interesting, and was probably due to the condition found in the pons varolii.

Tumor of Testicles.

Dr. Heitzman then showed the microscopical appearances that he had found in a tumor of the testicle, that had been removed by Dr. H. B. Sands. He discovered a peculiar tissue separating the tubuli, which was composed of round and spindle-shaped cells; he also detected the presence of hyaline cartilage and bone corpuscles. In the midst of the epithelial elements

he found sarcomatous tumors. He thought the tumor was to be regarded as malignant.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Relationship between Diphtheria and Scarlatina.

BY DR. T. B. EVANS.

In the few remarks I shall make this evening I am sensible of the fact that I am treading upon dangerous ground, as some of the bright lights of our profession have already flashed out the signals of warning by proclaiming that diphtheria and scarlet fever are widely separate one from another, and are as distinct in their nature and causation as small pox and cholera. But sometimes it happens in life that bold hearts and steady hands will risk even danger, in their fixed desire to reach the haven of truth, and rush onward to victory or death, heeding not the note of peril, regardless of the cost, trusting only in the justice of their cause and purity of purpose.

For a long time I have been deeply impressed with the idea that there is some subtle influence, some hidden mystery, that lurks about these two diseases, making them as children of the same parents, with lineaments diverse, with expressions different, so much alike as to claim a unity of origin. I have frequently had under my care in a single family, at one time, two or three well marked cases of scarlatina, and also several as well defined cases of diphtheria; all children; each disease running its definite course without conflicting with the other. And then again, I have treated cases of diphtheria wherein the skin of the patient has been covered with the characteristic mark of scarlet fever.

It is admitted by all writers on this subject that there are instances in which the two diseases are mingled so completely as to deceive the best judgment; and, in my own experience, I have treated cases in which I was in doubt whether I had under care diphtheria or scarlet fever. Be it remembered that scarlet fever may occur without any eruption whatever, but with the throat symptoms so well marked as to leave no room for doubt that we have the same under treatment, and yet I hold that in such cases no man can tell, from an examination of the throat alone, whether the patient has diphtheria or scarlatina. We often say that he has one or the other, but our decision is made from the history of the case, the general surroundings, and from the fact that there is an epidemic of diphtheria or scarlet fever prevalent at the time, and as the history of these two diseases shows, beyond cavil, that they prevail always about the same time, one following in the wake of the other, or existing together in the community, the certainty of our diagnosis being altogether free from error is by no means established.

In Meigs and Pepper's work, upon diseases of

children, you will find language strongly corroborative of this fact. They say that, notwithstanding the apparently distinctive features of the diphtheritic deposit, it is impossible, by mere ocular or microscopic examination, to distinguish it from the pseudo-membranous deposit in cases of ordinary scarlet fever.

In Ziemssen's *Cyclopædia of Medicine*, Prof. Oertel also says, upon this point, distinctive as are the symptoms with which diphtheria appears in its clearly marked forms, yet it is quite often difficult, in individual cases, to decide if diphtheritic disease be present. In general, one is less likely to err in the diagnosis during an epidemic of the disease, than in sporadic cases, in which a definite distinction is often extraordinarily difficult to find. In the whole list of subjective symptoms, there is no single one which would be completely indicative and conclusive in the diagnosis. And just as impossible would it be to give a complete and well defined picture of a diphtheritic attack which would correctly represent every case at all times. A circumspect weighing of all the diagnostic points, a careful review of the general symptoms, a close ocular inspection and physical examination, and a microscopical examination of the patches adhering to the mucous membrane, are essential to form a conclusive opinion in doubtful cases.

In the same work, Vol. ii, in speaking of scarlet fever, Prof. Thomas says that diphtheria can be a complication of the mildest as well as of the severest forms of scarlatinous throat affections. In every case, it naturally obscures the characteristic appearance, and augments the intensity and danger of the simple form, partly by the accession of the consequent local symptoms, and partly, also, by the diphtheritic constitutional infection. It can complicate scarlatina in every stage of the disease. First, in the stage of incubation, so that the symptoms of scarlatina and diphtheria appear simultaneously; or the diphtheritic symptoms may precede those of scarlatina, thus causing the error of supposing that only one disease is present; or, as most frequently occurs, after scarlatina has already existed for several days, the throat symptoms suddenly become aggravated by the occurrence of diphtheria; or, it appears immediately after the scarlatinous process has run its course in the skin and throat; or it occurs during the convalescence from scarlatina, with or without complications. In like manner scarlatina may, at any time, complicate diphtheria.

It is very evident from the quotations here made from high authority, that there is some intimate relationship existing between the diseases in question: one so completely glides into the other that we have the singular instance of two disorders, generally described as distinctly separate, existing at the same time. In the whole range of diseases I do not know of a parallel. The etiology of the two stand upon a like basis. The pathogenesis of scarlatina is still a mystery,

and remains to-day, as it was forty years ago, an unsolved problem. With diphtheria we remain in the same condition, with this fact, however, well established: that any one of the varied causes enumerated as productive of the scarlet fever poison applies with equal force, and is as well substantiated by testimony, in reference to diphtheria.

Dr. Anderson, of England, who has given some considerable attention to this subject, remarks, that in every case of diphtheria he has seen he has been able to trace the actual presence of scarlet fever in the house, or in the immediate neighborhood. This statement accords with my own experience, and I hazard the assertion that there is very rarely seen a pure case of diphtheria that cannot be traced to the actual presence of scarlet fever. At the same time I would also state that I believe that many cases of diphtheria, so called, are, in reality, not cases of diphtheria. The old putrid sore throat, mentioned by authors, is not diphtheria, but very often it is so called, and so treated, by physicians. That kind of sore throat you may see without being able to trace the cause in scarlet fever, but, I repeat, you can always do so in a pure case of diphtheria, as described by Bretonneau. We have stated that the symptoms of the prodromic stage of diphtheria and scarlet fever resemble each other so much that hardly any difference can be noted. Now let us look, for a few moments, at the sequelæ of scarlet fever as compared with diphtheria. It seems to me reasonable to infer that like causes will produce like effects. The cause of variola produces the effects seen in a case of small-pox; the cause of measles produces the effects seen in a case of measles. The cause of variola cannot produce the effects seen in a case of measles, nor the cause of measles produce the effects seen in a case of small-pox. This rule holds good in all diseases of a specific character. Now the sequelæ of all diseases are but the effects produced by the inroads of the destruction of tissue made, or the disorder produced in the functions of certain organs of the body, by the materies morbi generated and propagated by the cause. Now all diseases of a specific nature have the power of election, and most all of them have some destructive point in the body, where the force of the morbid cause seems to be expended. The sequelæ, therefore, of most diseases of this class differ. There may possibly be, in some cases, a slight similarity, but as a general rule, the sequelæ differ as much as the diseases do. This fact being established, it follows, as a natural sequence, that if the sequelæ differ, the diseases cannot be the same, and if they do not differ, the diseases must be the same. That is very plain logic and easily understood.

Let us enumerate the sequelæ of the two diseases, diphtheria and scarlatina, and see how far they go to prove the assertion that they are brothers, generated by the same parents, and nurtured by the same pabulum. The sequelæ following scarlatina are, dropsy, albuminuria,

otorrhœa, diarrhœa, rheumatism, swelling of the cervical glands followed by abscess, endocarditis, paralysis, heart clot, impairment of vision, deafness, aphasia, etc. Precisely the same sequelæ follow diphtheria. I have seen every one of the sequelæ I have named follow both diseases. There are others that might be mentioned; you will find them laid down in the literature of our profession, but I have not seen them in the course of my practice, and prefer to name those only that I have noted. If the premises laid down in the remarks before made, in relation to sequelæ and disease, be true, then it is proper to deduce therefrom the fact, that the two diseases under consideration, being followed by the same chain of sequelæ, must originate from the same cause, and are a unity, not a duality.

Another fact of some significance might be mentioned. I believe that the rule applicable to the majority of zymotic diseases applies also to diphtheria. I mean the rule that teaches us that diseases of this class occur but once. We know that the rule has its exceptions, for scarlet fever, small-pox, measles, etc., may occur a second time. In a practice of twenty years, I do not remember of having seen diphtheria occur more than once in the same individual, and I am free to say that I have made the mistake, as many others before me have done, of calling putrid sore throat and tonsillitis, diphtheria. But I am now able to tell the difference, and with this fact in full view, I repeat that, as a general rule, diphtheria never occurs but once in the same person. This assertion is in direct antagonism to the writings of many distinguished men.

I do not practice in hospitals and large infirmaries, whence more than one half the assertions made by eminent men have their origin, being based upon a few facts that may have come under their supervision, but in the lanes and alleys, broad streets, and broader avenues of a commercial city, where vice, desolation, wealth, and poverty dwell, and where disease may be seen under all these diverse circumstances, and where the earnest man and thinker will find that the condition in life has a vast deal to do with disease.

There is still another fact bearing upon this question: that diphtheria, true diphtheria, will protect from scarlet fever, and give as effectual a check to its progress, as vaccina does to variola. Ten families, numbering in all about forty children, I have been the regular medical attendant of for years. Epidemics of scarlet fever have been numerous in their immediate neighborhood. Schools in which these children were enrolled as pupils have been noted as the foci from which many cases of scarlet fever have radiated. They have been exposed to the morbid influence of scarlet fever over and over again, and yet they have never had the disease. It has never appeared in any one of these families. I was led, from this circumstance, to ask myself the question, why is this? and in the endeavor to find an answer, I collated the facts

above stated. In every one of these families I have had, at different times, well marked cases of diphtheria; in fact, with the exception of some of the parents, every member has been, some slightly, others badly, affected with it, and several of the children have died. To this diphtheritic influence I have attributed the exemption of those who survive from scarlet fever. Possibly the data are insufficient to satisfy the skeptical, and the source not high enough to make issue with the noted authorities upon this point; but all I ask is for a fair, unbiased interest in the matter by the members of the profession, sufficient to make them take notes, in future, of every case of diphtheria they are called upon to treat in the young, and follow them up until they have passed the susceptible age to scarlet fever. Do not take it for granted that what has been written must be so, either in this instance or in the numerous articles bearing upon this subject that are to be found in the text books. John Hunter laid down the axiom that two diseases cannot co-exist in the system. He was good authority in his day. Prof. Thomas, in Ziemssen's Cyclopædia, says, in the article on scarlet fever, that two diseases can exist in the system at the same time. Who is right? I agree with John Hunter: one disease must control, subdue or hold in check the other, and this alone would lead me to the conclusion that where two diseases are so commingled as to deceive the best judgment as to which is which, or, in other words, if you have the rash of scarlatina coupled with the gray patch of diphtheria, or *vice-versa*, you must have the same origin for both. I confess my inability to give the nature of the causation. It is involved in much obscurity. Abler minds than mine have expressed themselves in like manner. We are, therefore, compelled to take our stand upon the facts presented to us while viewing the diseases as they occur in the course of professional life. And looking at the fact that they, in their course, pursue the same route, stop and fix their stamp upon the same organs, and leave behind them traces of their travel in the destruction of the same tissues, and disorganization of the functions of the same part of the animated body, it would seem to be fair to infer therefrom that they both have inherited the same destructive tendency from a common ancestry.

VERMONT STATE MEDICAL SOCIETY

The sixty-third annual meeting of the Vermont Medical Society convened at Montpelier, Wednesday, October 13th, president L. C. Butler in the Chair. Minutes of the last meeting were read by Dr. C. P. Thayer, and approved. Dr. S. Putnam, treasurer, rendered his report, and the same was approved.

REMARKS BY THE PRESIDENT.

To-day we meet to hold the sixty-third anniversary of the Vermont Medical Society, to talk over the toils of another year, and contribute our quota to the accumulated research

and progress of the past. The by-laws of this society make it the duty of each member to present the details of a case in practice, if not a more elaborate paper. The object of this rule is that every member may feel that he has an interest in the welfare and prosperity of the society, and he trusted that each had come heavily freighted with practical experience, and would take part in all the discussions of the meeting.

After briefly referring to the work laid down in the programme, he said that a medical congress had been suggested, to be held at Philadelphia during the centennial exhibition, and that it is important that this society be represented. He would therefore recommend that delegates be appointed, and that the secretary correspond with the proper officers of the Centennial Committee, and report to the delegates what may be expected of them. He then referred briefly to the bills to regulate the practice of medicine and surgery, and for the establishment of a State Board of Health, which have been discussed before this society, and presented by its committee to the legislature, but which failed to be enacted, and were summarily dismissed; and yet, if each of these bills had become laws they would have contributed vastly more to the welfare and health of the people than to the profession of medicine. Therefore, in order to elevate the standard and compel the extension of knowledge in all the branches of medical science, and higher attainments in medical literature, and so make better and more intelligent men and skillful physicians, he would recommend that a committee be appointed on legislation, and that they be instructed to urge the importance of these to the people and the legislature; New York and New Hampshire have passed similar laws, by large majorities. He then directed attention to the constitution and by-laws, and made such suggestions as he could to interest the county and local societies, to make them auxiliary to the state society, and, if possible, to awaken a greater interest among the five hundred physicians of the state, and thus increase the interest and efficiency of this society. He wished it might include every regular and well educated physician in the state. To this end, he says, what shall be done? As members of the noblest profession, next to the clerical, we need arousing to duty. The state society would die of inanition if its existence depended upon the attendance and efforts of three-fifths of the physicians of the state. They shut themselves up in the narrow limits of their own ride, and no effort can bring them from their hiding places. They lose largely by not attending these meetings—the association of ideas being a stimulus to study and effort. He therefore desired suitable action upon this point. In conclusion he paid a feeling tribute to those deceased during the past year, and those also of the last decade, and mentioned such names as J. N. Stiles, of Windsor, George M. Hall, of Swanton, Earl Cush-

man, of Orwell, Stevens, of St. Albans, Rublee, of Montpelier, Sprague, of Williston, Tenney, of the Asylum, Woodward, of St. Albans, Warner, of New Haven, making honorable mention of each, and suggesting an obituary committee, that suitable notices and record be made of such as have not already been noticed.

SANITARY REFORM.

Dr. S. Putnam then read a paper on Sanitary Reform, in which he argued, at some length, the importance of thorough drainage, proper construction of sewers, and a judicious condition of privies about large school buildings, factories, etc. He cited numerous cases from eminent authority, and from his own experience, where scarlatina, typhus and typhoid fever emanated from the inhalation of foul sewer gases. These he termed preventable diseases, and thought, as the community became enlightened upon the proper hygienic principles, the mortality would be very much lessened.

Dr. J. Draper, of Brattleboro, being unable to be present, sent his paper, upon the "Pathology of Insanity," which was read by the secretary. This was a thorough review of the subject, from the days of Dr. Bush to the present time.

INFANTILE MORTALITY.

At 3 p. m. Dr. Butler read an address, in which he gave the following statistics: More than one-fourth of the decedents in this State are under five years of age. From 1857 to 1873, there were more than 20,000. Of this number, more than one-half were under one year old; 3500 were between two and three; 1600 between three and four; 1200 between four and five. These figures, he said, were nearly exact. He then made a comparison with New York city and other large places, which appeared to no better advantage. The announcement is startling, and the inquiry forces itself upon us, why is it? Is it unavoidable or can it be prevented? Is it necessary that so many children shall die, or is there some way in which a part of their lives can be saved? To direct attention to the fact and suggest a remedy, was the object of his paper. It embraced all or many causes of infantile disease, such as improper food, clothing, general management in the nursery, heredi-

tary causes, etc. Then followed some valuable suggestions as to hygienic management, etc.

This paper elicited some discussion from many of the members and delegates.

At the evening session, Dr. Geo. Dunsmore read a criticism upon the

DIRT THEORY OF TYPHOID FEVER.

In this paper the doctor took exceptions to much that has been said and written upon dirt or filth, as such, being the cause *ab initio* of typhoid fever. Filth, independent of the specific poison, would not develop the disease. This was an elaborate and classical paper, and touched upon sanitary matters to such an extent that the discussion took a wide range and was participated in by Drs. Putnam, Fassett, Kendall, Prof. Frost, Drs. Green, Parmelee and others.

Prof. Goldsmith, of Rutland, read a few extracts from Dr. Budd's late work on typhoid fever, and then proceeded to give his views of the germ theory: propagation and development being dependent upon their own definite and specific cause, that is, the cause that produces fever exerts its poisonous influence upon the intestinal canal, through the medium of the saliva, causing fever and nothing else. He stated this view to Virchow, when in Germany, who concurred in it, and Clyne, of England, had made some very fine microscopical observations upon it, by his suggestions.

Dr. Emma H. Callender read a paper upon some obscure nervous disease, giving its cause, as far as known, symptoms and treatment. As the case is still under treatment, we refrain from publishing it at this time.

Dr. Atwater read a paper upon the use of alcohol as a medicine. He spoke of its use as a stimulant, as a remedy to prevent waste, etc., as a support in the decline of life.

Puerperal Fever was next discussed by Dr. Clark and others. The following officers were elected for the year ensuing:—

L. C. Butler, President.

H. S. Brown, Vice-President.

S. S. Clark, Secretary.

After electing the usual delegates to other societies, and passing a vote of thanks to the railroad companies for fare one way, the society adjourned to Newport for the semi-annual meeting.

S. S. CLARK, M. D., Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of Cold in Scarlatina.

In the *Lancet*, September 4th, Dr. J. T. Edisson says, quoting several cases showing the value of cold in this disease:—

All sorts of objections have been, and still are, urged against the use of cold in scarlet fever. Danger is said to arise from "driving in the rash," from internal congestion, from the rapid loss of body temperature and consequent depression, and it is also said that the risk of renal mischief is thereby increased. If

It were proved that the occurrence of nephritis is more frequent after treatment by cold, it would be a very valid objection to the practice of it, and the real truth can only be learned by an examination of a large number of cases. From my own experience I am inclined to disbelieve that any harm results in this way. The fear of the occurrence of nephritis from this cause originates, no doubt, in the generally accepted opinion that the affection of the kidneys so commonly occurring after scarlet fever is due to "draughts," or "catching cold," or to leaving bed too soon. I think this opinion is not founded upon sufficiently good grounds, and that every one in the habit of seeing cases of scarlet fever must often have seen nephritis beginning before, as well as after the patient has left his bed, and as often in cases kept in warm stuffy rooms, as in those in which fresh cool air has been freely admitted to the sick chamber. "Catching cold" is made to do duty as a cause of so many conditions for which we can find no better explanation, that it is adopted at once and without hesitation, in order to account for any otherwise inexplicable phenomena. There appears, at any rate, to be no good ground for assuming that cold bathing increases the chance of an attack of nephritis, and in the two cases here reported the urine did not become albuminous after repeated bathing. Objections on the ground of the trouble and increased expense in nursing are scarcely worth consideration, if it is true, as I believe it is, that this mode of treatment is better than any other. The difficulty is perhaps less in treating scarlet fever than in dealing with other cases, because the patients are usually young and easily lifted in and out of the bath, but when, from the weight of the patient, or the weakness of the attendants, it is impossible to use the bath, the patient may easily be packed in wet sheets, with or without pieces of ice placed here and there, or india-rubber bags, or large bottles filled with ice, may be placed around the patient. The bath gives better results than any other plan, when it can be thoroughly carried out, and the most satisfactory way is to begin with the bath at 98° or 100°, and cool down gradually to about 70°. It is, of course, better that the temperature of the patient and of the water should be frequently taken, but the hand is generally a good enough guide as to the water, and the appearance of the patient always indicates the improvement in his condition. This is well illustrated in the case of S. F.—(aged eight), near the end of the fifth day. The little patient was then drowsy and delirious, the temperature being 104°, and three-quarters of an hour in a bath, beginning at 90° and cooled down to 68°, resulted in the cessation of delirium and drowsiness, and a reduction of the temperature (in axilla) to 95°. In the case of M. A. S.—(aged four), a similar bath for one hour reduced the temperature from 105.3° to 95.6°. There was no dangerous depression, or bad symptom whatever, from this low temperature. In scarlet

fever, as in other allied disease, the cardiac impulse, and the character of the heart sounds are safer guides as to the condition of the heart and circulation, than is the pulse at the wrist, the latter being often very deceptive.

Infectious Pneumonia.

Dr. A. W. Blyth, of Devon, writes to the *Lancet*:—

During the present year there has, however, been so intense an epidemic of pneumonia in the district that I am connected with, and its infectious character so impressed the medical men, that some of them, indeed, regarded it as a new disease—a sort of new plague. For example, a practitioner of considerable experience, who must have seen hundreds of cases of pneumonia, writes to me thus:—

"The disease alluded to in your letter and annual report has puzzled me much. It is unquestionably a pleuro-pneumonia, which creeps on insidiously, first through one day, then the other. At the commencement of the first attack rigors and severe pain in the head, back, and legs, with, in some of the cases, persistent diarrhoea and great cerebral disturbance, have been unfailing symptoms." He then gives a list of cases, which, suppressing names, is as follows:—A man became ill of pneumonia in April, and died after ten days' illness. His wife caught the disease, her first symptom appearing three days after his death. About the same date a farmer's daughter, living a mile from the house of the former patient, became ill of pneumonia, and five other cases followed, all in the same parish, consisting of a small village and a few scattered houses (population 470). "Since November," continues the writer, "I have had, I should think, twenty cases. A farmer in another parish became ill on April 16th, I was sent for on April 18th, and he died about midnight. The servant woman went home ill of the same disease about a week afterwards, and gave it to her married sister with whom she was staying." I do not wish to argue that all the cases which have been returned as pneumonia were infectious; in all probability there are two common kinds of pneumonia, one possibly arising from cold or the like cause, the other zymotic; and these two forms are at the present time confused together, just as typhus and typhoid fevers were formerly distinguished by a common appellation. It is a noticeable fact that Grisolle asserted a discoverable cause (that is, in the nature of a chill) could only be affirmed in one fourth of his cases, Ziemssen in one-tenth of his, and Dr Wilson Fox could only trace any connection between exposure to cold and the diseases in 16 out of 53 cases. A consideration of these facts, and also one or two isolated instances of pneumonia occurring in foetal life, has so far influenced medical opinion that ordinary pneumonia is, I believe, by the majority, considered as a blood disease, which the remarkable fall of temperature after the effusion has been poured into the lung, the fe-

quent occurrence of albumen in the urine, and its whole course, unmistakably point to. Once considered as a blood disease, it is but a step to the idea of infection; but this idea of infection has hitherto been too hastily thrust aside, in a great measure from the frequency of a pneumonia as a complication of blood disorders. For example, it has been noticed in scarlatina, typhus, typhoid and rheumatic fevers, glanders, farcy, septicæmia, and erysipelas, and an inflammation of the lung is not uncommon in kidney diseases when the blood is loaded with effete products. In thus allowing that inflammations of the lung may be produced by a variety of causes, this admission in no single degree negatives the idea of a specific lung disease, in which the seat of election to which the poison determines is the air cells; so that just as scarlet fever determines to the skin, typhoid fever to the bowel, hydrophobia to the spinal cord, the pneumonic germ culminates in the pulmonary tissues. Besides, there is an infectious pleuro-pneumonia in cattle, and just as we have a small-pox and sheep have a small-pox, and just as we have a scarlet fever and horses have a scarlet fever (strangles), and as we have a typhoid fever and animals have a typhoid fever, all of these not identical, all of these probably not communicable from one species to the other, but strictly analogous; so if it be established that man is affected with an infectious pleuro-pneumonia, it will only add another link in the mighty chain of evidence of the intimate connection of the animal and human organisms.

With the powerful aids to clinical research of the present day, surely it is not too much to hope that the separation and identification of this form of pneumonia are not impossible. That such a form exists, *infectious, zymotic, self-propagating*, I feel in my own mind convinced.

Carbuncle and Felon.

The following views on the treatment of these affections are given by Dr. C. P. Gage, in the *Transactions* of the New Hampshire Medical Society, 1875:—

"In the treatment of carbuncle, erysipelas and furunculi my treatment has always been based on the theory that they are all blood diseases. After clearing the *prima via*, the free use of ferri muriate, quinine, and other tonics, together with some stimulants, and good nutritious food, will seldom fail to effect a cure. Local application may afford some comfort, but will do little, if anything, further than that towards a cure.

In carbuncle, constitutional treatment, with soothing poultices, will do all that can be done to restore in any case. Crucial incisions should never be resorted to. The whole thing is nothing more nor less than an inflammation of the cellular tissue running on to death of the part. When the separation takes place, recovery takes place, if the system does not succumb.

In the felon, the same general plan must be followed, with a free incision of the part, merely with the expectation of procuring ease from pain caused by the distention."

In the *Transactions* of the Medical Society of the District of Columbia, Dr. Triplett speaks of the efficacy of his treatment of carbuncle, viz., amputation. Hoped every one would try it for himself. What was the objection to it? Was it that we destroyed too much tissue? Carbuncle destroyed its own tissue and took weeks and months to do it. A few days ago he amputated a carbuncle, and the result was so decided that it clearly proved it to be the best treatment. The patient, a negro, aged 40, had a large carbuncle upon the back; the entire back was oedematous. He had suffered for seven or ten days; 10 grs. of quinia and 3 of opium did not relieve the pain. Dr. Triplett gave chloroform, made a long incision (we could not make skin flaps in the usual way but must cut the tissues like cheese), and cut out the solid mass afterwards. Hemorrhage was profuse, for these things are wonderfully vascular. Result was, that to-day the patient had no pain, fever gone, appetite good, the man was himself again. Carbuncles take their own time; we should cut them out, and the sooner the better. The hemorrhage was immediate, and in fact, removed from the general circulation; we had no shock. Would not hesitate to amputate, even after sinuses had been established. He cited the case of a widow Keller, of Woodstock, Va., whom he found in a typhoid condition from carbuncle. Her husband had died of the same disease. Feeling that unless relieved she would certainly die, he removed the whole diseased tissue, and the patient made a speedy recovery.

Eliminants in Cases of Debauch.

Dr. McSherry says, in the *Transactions* of the Medical and Chirurgical Faculty of Maryland, "The wide-spread use and abuse of alcohol in our country brings under the care of every practitioner many varied forms of alcoholism, from the primary poisoning or intoxication, to the chronic and hopeless impairment of all the animal organs and tissues. In mania-a-potu, as distinguished from delirium tremens, we have found elimination much more safe and useful than narcotism. Those agents which start the secretions freely, as the official nitrous powders, or spt. mendereri, with the addition of a few drops of antimonial wine in each dose, or purgative saline waters, should always precede the use of narcotics, if, indeed, the last become at all necessary. Perhaps the much-vaunted use of digitalis owes its success chiefly to the diuretic properties of the drug. The value of eliminants in the *delirium ebriosorum* is the more obvious when we remember that drinking men in whom alcohol in excess produces vomiting or purging suffer much less from its remoter effects upon the organism than those who are capable of "carrying" large and cumulative quantities of the noxious agent. We

have often found *Iupulin* in the ordinary doses very grateful to the stomach and nervous system of patients impaired by debauch.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The History of the Philadelphia School of Anatomy, and its relations to Medical Teaching," is the title of a lecture delivered last March, at the dissolution of the school, by Dr. William W. Keen, and now neatly printed in an octavo pamphlet, by J. B. Lippincott & Co. It is an excellent summary of a branch of the local medical history of Philadelphia.

—The *Archives of Dermatology*, a quarterly journal, devoted to diseases of the skin and venereal organs, is very well edited by Dr. L. Duncan Bulkley, and published by the firm of G. P. Putnam's Sons, 308 Fourth Avenue, New York City. The first volume may now be had, neatly bound in cloth, \$3.00. The second volume commenced in October, 1875.

—Dr. L. Duncan Bulkley has also recently described two cases of exophthalmic goitre, associated with chronic urticaria, illustrative of the relations of the nervous system to diseases of the skin. Reprint from the *Chicago Journal of Mental and Nervous Diseases*. Another article by him, on the relations of the urine to diseases of the skin, has also been thrown into pamphlet form, and may be had of G. P. Putnam's Sons, New York City.

—Dr. William Gleitsmann, of Baltimore, has done a much needed work in collecting the statistics of mortality from pulmonary phthisis, in the United States and Europe. He has entered upon the task with unusual care, and with a scrupulous hesitation of drawing premature inferences. His results make up a pamphlet of fifty-three pages; for sale by Turnbull Brothers, Baltimore.

—There has appeared the first number of the *Paris Medical*, a weekly journal, to be devoted to practical medicine and surgery. It is edited by Prof. J. A. Fort, who, in explaining the aims and objects of his enterprise, says that it finds its *raison d'être* in the present neglect of therapeutical instruction from which the students of Paris are suffering.

—A new medical, monthly, entitled *The*

West Virginia Medical Student, appears from Wheeling, under the charge of Dr. James E. Reeves. The first number promises well. Terms \$2.00 per annum, single copy 25 cts.

—The *Homoeopathic Medical Investigator* pathetically exclaims that homoeopathic medical journalism doesn't pay. "Unless homoeopaths pay more promptly and subscribe more liberally, our best journals will wane and stop."

BOOK NOTICES.

Lectures on Syphilis, and on some Forms of Local Disease, affecting principally the Organs of Generation. By Henry Lee, Professor of Surgery in the Royal College of Surgeons, England, etc. Philadelphia, Henry C. Lea, 1875. 1 vol., 8vo, pp. 246.

We have here a series of ten lectures, delivered by one of the most distinguished London surgeons. Several of them have already appeared in various medical journals, but, as a whole, they are quite fresh, especially to the American public.

The writer states his principal object to be to illustrate some of Hunter's doctrines which the labors of more recent but less gifted men have unfortunately obscured. One of the most important theoretical doctrines which is maintained, is the essential difference of the morbid processes in which the constitutional and local forms of syphilis respectively have their origin; while one of the most practical is the discussion of the pathology and treatment of the discharges from the prostate gland, Cowper's glands, and the vesiculae seminales.

Of the important points made by Mr. Lee, we would mention his denial of the larvated or urethral chancre of Ricord (Lecture viii). This celebrated explanation of some cases of mysterious syphilitic infection he ascribes to the "powerful imagination" of the eminent syphilographer. His own interpretation is that such instances are those of sero-purulent discharges from secondary syphilides in the urethra. Such discharges are "very frequent," and are nearly always mistaken for gonorrhoea. They constitute a notable percentage of those bothersome cases of "gleet" with which every physician has had most unsatisfactory experience. "If the real nature of the affection be ascertained, a mild course of mercury will often cure the patient without any difficulty." That this is one

of the most significant objections to the marriage of a syphilized individual, is obvious.

As a consequence of such opinions, Mr. Lee draws the really startling conclusion (p. 203) that, "the infecting form of syphilis in the present day is much more generally communicated by secondary affections than by primary."

The chapters on urethral discharges will interest every one. Following Hunter's view, the author believes, and quotes various cases in point, that the seminal secretion and that of the vesiculæ seminales, can be re-absorbed by those bodies themselves, and that it is not, in the proper sense of the term, an excretion which must pass off from the body. On this topic he reads a lesson to medical teachers in the following words:—

"It has been assumed and taught in public theatres, by men old in years, but, perhaps, not in wisdom, that the elimination of semen is as necessary to health as the discharge of the bile or the urine. It is not so. In man and in animals, in a state of nature, and uninfluenced by exciting causes, the testis has the power to deal with its own secretion; and so have the vesiculæ seminales."

This decided opinion deserves quotation, for it criticises, and we believe justly, a pernicious and false doctrine, which shows itself in immoral recommendations in the consulting room, and in unfounded excuses for profligacy in social life.

What has been said will, we trust, convince the reader that Mr. Lee's book is one he will lose more in not reading than he will risk in buying. That is our opinion of it.

A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M. D., etc. Sixth edition, revised and enlarged, with 316 illustrations. Philadelphia, H. C. Lea, 1875. 8vo, pp. 825.

This standard work comes to us in the sixth edition with such extensive additions, that it may be spoken of as almost a new treatise on the subject. The matter now, for the first time, increases the text half as much again. It is chiefly on the two subjects, physiological chemistry and the nervous system. The activity in these departments has, in fact, been surprising during the past few years. Many problems of social life and mental philosophy, which our

ancestors sought to solve by other methods, have been found to be questions in physiology, and hence the growing importance of that science.

Nothing better illustrates the improved plans of study adopted in it, than a remark in Professor Dalton's preface:—"In nearly every division of physiological study, a prominent feature of recent progress has been the increased attention paid to quantitative investigation. The conviction has, apparently, become general, that in physiology, as well as in other natural sciences, the knowledge gained by any method of study is essentially imperfect, until its results can be stated in figures."

This we take to be the cardinal doctrine of all scientific investigation, pathological as well as physiological. Until a thorough grounding in the mathematical principles of study be a part of every medical student's education, medicine may make some progress as an art, but will never rank as a science.

In the nervous system, Dr. Dalton gives, with approval, the researches of Hitzig and others, on the localization of the functions of the brain, but apparently holds Helmholtz's theory of musical harmony under doubt, principally on account of the absence of Corti's body in singing birds.

The most recent studies on nutrition and excretion are carefully summed up, so far as they warrant positive opinions; but the numerous theories they have started are very properly dismissed with great brevity.

The volume is well printed and liberally illustrated, though several of the impressions look as if the plates were considerably worn.

Transactions of the New Hampshire Medical Society, held at Concord, June 1875. pp. 164.

Several noteworthy scientific papers are included in this volume. The article of Dr. E. Cutter, Against the Use of Wheaten Flour, is curious. The report on Surgery, by Dr. C. P. Gage, makes some good points, but his denunciation of uterine surgery is narrow and exaggerated. Dr. Childs' contribution, on Sanitary Measures in Rural Districts, deserves the study of country practitioners. The report on Splints, by Dr. George E. Hersey, contains some good suggestions. The address by the president, Dr. Nahum Wright, is quite equal to most such addresses. The oration, by Dr. Goodhue, deals with the question of insanity in a legal aspect.

THE
Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE ANTISEPTIC SYSTEM IN SURGERY.

Professor LISTER, of Edinburgh, has, for ten years past, made a most energetic effort to convince the profession that by protecting a wound from the air and using antiseptics locally, it will heal much more kindly and promptly. The profession, however, has manifested a somewhat remarkable unwillingness to be converted.

Mr. LISTER and his disciples allege that by regularly carrying out the principles of antiseptic surgery, pyæmia, erysipelas, and all the evils of hospitalism, may be reduced to a minimum, if not altogether prevented. Testimony in confirmation of this statement has not been wanting, either in this country or on the Continent. But even here the opinion of surgeons is not unanimous.

There is, in the *Allgemeine Medicinische Centralzeitung*, September 18-27, the report of a long discussion in the Berlin Medical

Society, on the subject, which discloses a wide discrepancy of opinion. The important point made by the defenders of the system is the necessity of not allowing any opportunity for putridity to begin by conducting the operation in a cloud of carbolated vapor, produced by a mechanism for the purpose.

This matter is well put by Mr. EDWARD LUND, of London, in a late lecture. His words are:—

"Surgeons forget, or perhaps they have never seriously thought of, the fact, that the antiseptics which we employ, at least those now generally in use, are valueless to arrest putrefaction when once it has commenced. If the term so employed, and which is in every one's mouth, "anti-septic" (against septicity, against putrefaction), could have been written *ante*, and read *ante-septic* (before septicity, in the order of time), and if this simple principle could have been thoroughly inculcated into the professional mind, it would have been of immense value, and would have taught us the necessity of beginning our efforts to prevent putridity at the very earliest moment after the air could touch some divided structure of the body with which nature never intended it to come into direct contact; and if this idea were generally and systematically recognized, an immense advance would be made towards a more cordial reception of the leading principles of our practice in this mode of treating wounds.

That these principles must at last be received and adopted in the practice of surgery, no one can doubt who has watched the progress which they have already made and are still making among operating surgeons. The day cannot be far distant—if it be not already very near at hand—in which the great founder of this system, on which he has worked with energy and earnestness, and yet with the modesty of true genius, shall witness the best of all rewards—its universal adoption."

This is certainly a view of the case too frequently overlooked by operators, and on its recognition the fate of the antiseptic method may depend.

Meanwhile, to illustrate the value of the method in a most dangerous accident, we quote the following case of wound of the knee-joint,

reported by Mr. Pick,⁷ to the Clinical Society of London:—

"The patient, a sawyer, aged eighteen, wounded his left knee with a saw, dividing the patella longitudinally and grooving the end of the femur. The halves of the patella separated widely, exposing the joint. The wound was sponged out with carbolic acid, and the edges being brought together with catgut suture, the wound was injected with carbolic lotion (1 in 40). Several layers of carbolized lac plaster were applied, and the limb supported in a cradle. There was some febrile reaction, and on the third day the dressings were renewed under the carbolic spray. There was little or hardly any discharge. There was effusion into the knee joint, which subsided rapidly. Progress was slow, somewhat delayed by burrowing of pus behind the leg. The discharge was very free and copious, but always inodorous. The patient was discharged in July, 1872, about four months after the accident, ankylosis having taken place. He was seen in May of the present year; there was firm bony ankylosis. Mr. Pick remarked upon the usual statement that compound fracture of the patella offered no resource but amputation."

In such a case as this, ordinary treatment would hardly have saved limb and life. We have witnessed patients suffering from apparently much less severe injuries of that articulation fall victims to conservative surgery, carried out on the old methods.

VACCINATION AND REVACCINATION.

There must be no let-up in the efforts to diminish small-pox. The epidemics which have prevailed this year in a number of localities in the heart of our country warn us that much, very much, is yet to be done before we get the better of this formidable disease.

The points which deserve especial notice are, just now, two:—

1. The opposition to vaccination at all.
2. The neglect of revaccination.

A writer in a London contemporary says that every one who publishes a birth in his family is sure to receive, in a day or two, a postal card from the anti-vaccination society,

warning him against vaccination, as dangerous and destructive. The dangers alleged are chiefly two—the risk of syphilitic infection and the probability of consumption.

Now the first of these can be absolutely guarded against by the use of bovine virus; as for the second, it is a matter of inquiry. We put the question here again, as we have put it once before: can any relation between phthisis and small-pox be shown? Chiefly, does an attack of the latter confer immunity from the former? Any careful study of this question, we shall be glad to publish, no matter what side it leans to.

Of less importance is the negative assertion, that vaccination is no protection. Persons of this description point to the late epidemic, which, according to their figures, has, in France, carried off 200,000 victims, and ask what confidence can henceforth be placed in the efficacy of vaccination, which has evidently become diminished in power, if not radically powerless?

To this, one reply is, one-third of the population of France is still deprived of the benefit of vaccination, and that there are some departments, as Aveyron and Corsica, in which scarcely twenty per cent. of the inhabitants are thus protected. It is this circumstance which aggravates the mortality of variola, and renders epidemics so dangerous, even for those who have been vaccinated.

Another is that long humanized virus diminishes in protective power. We have lately seen a number of arms vaccinated from fresh bovine virus; and in seeing them, we have witnessed for the first time in our lives a real typical Jennerian pock. It has convinced us that the virus loses largely in power by transmission.

As to the question of revaccination, it has been well handled recently by Dr. C. P. KING, in the Cincinnati *Lancet and Observer*, whose conclusions we quote:—

"From extended and close observations, the following deductions are warranted:—First

Infantile vaccination is an almost perfect safeguard until the fourteenth year. Second. At the beginning of the fourteenth year the system gradually loses its capability of resistance, until about twenty-one, when many persons become almost as liable to small-pox as if they had not been vaccinated. Third. This liability remains in full force until about forty-two, when the susceptibility begins to decline, and continues for seven years to grow less and less, becoming extinct at about fifty or sixty, the period of life when the general revolution of the body begins to take place, during which the system yields to decay, or takes a new lease of life for two or three terms of seven years each. Fourth. The great practical use to be made of these statements is:—Let every youth be revaccinated on entering fourteen. Let several attempts be made, so as to be certain of safety. As the malady is more likely to prevail in cities in winter, especial attention should be given to the subject at that time.

NOTES AND COMMENTS.

Therapeutical Notes.

PERUVIAN BARK IN SORE THROAT.

Dr. Holden recommends the following formula, as exceedingly efficacious in diphtheritic scarlatina and other forms of sore throat:—

R. Corticis peruvianæ flav., 3ij
Acaciæ pulv. 3j
Sacch. alb., 3ss. M.

S. Mix one-half of this powder in a tablespoonful of cream, and apply frequently with a camel's-hair brush.

PRURITUS.

For the intolerable pruritus common in fall and winter, many physicians use Dr. L. Duncan Bulkley's prescriptions, given in the *Transactions* of the American Medical Association. We repeat them here:—

Unguentum Anti-pruriticum.

R. Pulv. gum camphor.
Chloral hydrat. aa 3j.

Grind well together in a mortar, till they form a fluid, and add slowly, simple cerate, one ounce.

Liquor Picis Alkalinus.

R. Potass. causticæ 3j
Picis liquidæ 3ij
Aque 3v. M.

Dissolve the caustic potass. in the water, and

add gradually the tar, mixing them well in a mortar. Use in solution with from 8 to 16 parts of water.

DENTAL NEURALGIA.

Dr. J. Sawyer says, in *The Practitioner*, "I have rarely found gelseminum fail to give decided and lasting relief in cases of neuralgic pains in the face and jaws, associated with carious teeth. I have usually given fifteen minims of the tincture every six hours."

ATONY OF THE INTESTINAL TRACT.

Dr. R. McSherry has found the following prescription give signal relief, in cases of torpor of the large and small intestines.

R. Fl. ext. secal. cornut. 3vij
Acid phosphor. dilut. 3j. M.

Teaspoonful three times a day. The phosphoric acid heightens the effect of the ergot.

On Damiana.

An advertisement with the following heading has been visible on prominent pages of several journals lately:—

DAMIANA.

A POWERFUL APHRODISIAC AND SPECIAL TONIC
FOR THE SEXUAL ORGANS OF
BOTH SEXES.

We consider this both a false and indecorous advertisement. Damiana is a Mexican herb, possessing slightly tonic properties. The fluid extract advertised is made by a pharmacist who keeps the source of his supply secret, and the material he furnishes has not the properties he claims for it (See *REPORTER*, Aug. 14, 1875).

Any one who advertises a stimulant for the "sexual organs of both sexes" deserves severe reprobation. Will the regular medical journals which backed this proprietary nostrum at the start defend it now?

On Medical Evidence.

The eminent obstetrician, Dr. Robert Barnes, observes, in a recent lecture:—"Seldom, probably, does a scientific witness leave the box quite easy in mind as to whether he has spoken 'the truth, the whole truth, and nothing but the truth' And not seldom does he experience the mortification of finding what he has said utterly wrested from its proper meaning by the

perversity of counsel, or misunderstood by the court and jury. The theory that through the conflict of opposing counsel, by examination and cross-examination, and the impartial interrogation of the court and jury, the truth is elicited, often signally fails in practice. The questions of counsel are generally prompted by hints gathered from books, or by experts sitting at their elbows. But they are very wary in accepting these suggestions. They may not understand them; and, if they do, they may, in their discretion, fear that the answer drawn will damage their case. Thus it constantly happens that the expert is only allowed to say so much of the truth as may suit the purpose of counsel; and every one knows how detached fragments of truth may be made to support a false argument.

Coming Articles.

Early in the year our readers will be treated to an article by Dr. S. Weir Mitchell, on headaches, and one by Dr. William Goodell, on practical points in gynecology, either of which, we venture to predict, will be equal to any article which these able writers have laid before the medical public.

The Causes of Typhoid Fever.

Dr. Edwin M. Snow, in his last report as City Registrar of Providence, says, of this disease:—

"In regard to the causes of the fever, in one instance the well water seemed to be the undoubted cause of several cases; but it is certain that, in a large number of cases, neither well water nor cesspools were the cause. It will be noticed that, of the whole number of decedents from fever, two-thirds were of American parentage. Those who are familiar with the localities in which the fever prevails, and with the far worse localities that are comparatively exempt from it, must be satisfied that sink-drains and cesspools are not the chief causes, nor even the prominent causes of this particular disease, in this city."

Jaborandi.

A note in the *New York Medical Journal*, states that, at Bellevue Hospital, Dr. Janeway has been using jaborandi, but has not been able to get as satisfactory effects as have been reported by some observers. One drachm of

the powder was given, in the form of an infusion of four ounces, and at the end of half an hour there was an increase of the temperature of $\frac{1}{2}^{\circ}$, with slight tendency to diaphoresis. In the second case, one drachm was given mixed with water, and again no result followed, beyond an increase in the frequency of the pulse. In the third case, Dr. Knox, the house physician, took one drachm mixed with water. In forty-five minutes marked salivation occurred, but no diaphoresis.

Railroads as Narcotics.

The English papers have been discussing the narcotic influence of railway traveling. The matter is explained thus, in a letter to an editor:—"You say that the narcotism is due to the vibrations of sound. This is partly true, but it is as much or more due to the so-called vibrations of light—i. e., due to the fatigue of the ear and eye. Of course, fatigue of the ear alone, or of the eye alone, is sufficient to produce sleep, but in the case of railway traveling these are conjoined, the monotony of the sound being the cause of fatigue of the ear, and the rapidity with which objects travel into and out of sight, the cause of fatigue of the eye."

Building Associations as Sanitary Measures.

At the last meeting of the British Social Science Association, Mr. Godwin read a paper entitled "Homes for the People, etc." He referred to the beneficial action of building societies in Pennsylvania, which provided cottagers with their own houses, by small periodical payments.

It is gratifying to find this Philadelphia institution spreading. Properly managed, a building association is one of the most beneficial institutions possible, for laboring men and mechanics.

CORRESPONDENCE.

Cranial Lock in Twin Birth.

ED. MED. AND SURG. REPORTER:—

On the night of October 17th, 1875, I was called to attend Mrs. S. A. D., aged 30 years, primipara. On reaching the house, about 11 o'clock, I found that she had been in labor three or four hours, the pains now strong, and recurring at short intervals. An examination revealed a male fetus, presenting by the breech, the left hip under the arch of the pubes, and

the nates engaging in the vulvar orifice. The labor progressed rapidly until the body was exposed almost to the shoulders, when it seemed to be arrested. Having drawn down a loop of the cord, I also drew the arms down over the breast, and placing one of the fingers of my left hand on either side of the cord, to shield it from pressure, I passed them up in front, to search for the chin.

To my surprise, I encountered another foetus, presenting by the vertex to the right acetabulum, as nearly as it might, the head of the first being packed above the pubic symphysis. I made an effort to press the head of the second upward and aside, so as to permit the first to be born, but as the fetuses were of good size, and the contractions strong, and as the head of the second had already engaged in the superior strait, the effort was unsuccessful.

Having no instruments with me, I dispatched a messenger for Dr. W. S. Throckmorton to bring his instruments and meet me in the case. He arrived about two o'clock. In the meantime, the head of the second foetus had been packed tightly in the cavity of the pelvis, and the neck of the first stretched tightly beneath the pubic arch. On a consultation, it was agreed to subject the first foetus, in which all signs of life had disappeared, to decapitation. Dr. Throckmorton accordingly performed the operation and removed the body, after which the second was expelled spontaneously, and found also to be dead. The head of the mutilated one was then extracted with the forceps. The placenta, which were united in one mass, followed in a few minutes, the whole procedure occupying about half an hour. The pains continued good to the last, and the woman had a good "getting up."

Had decapitation been performed on the first foetus immediately upon the arrest of its descent, the life of the second would, undoubtedly, have been saved. I am convinced, by their size, that they could not possibly have been delivered by the forceps, as was done in one or two reported cases. If the forceps were at hand, however, I should make the attempt before resorting to the operation, while the child was yet living. T. BENTON HILL, M. D.

Nineveh, Pa., October 30th, 1875.

Another "Freak of Nature."

ED. MED. AND SURG. REPORTER:—

The account of the elephant pig, given in the REPORTER of November 6th, by J. W. Bright, M. D., of Lexington, Ky., induces me to give a description of a somewhat similar monstrosity which I have in my possession. This is also a pig, and is perfect, with the exception of its head, which bears a striking resemblance to that of a rhinoceros, having a cartilaginous horn, nearly an inch long, projecting upward from the end of the nose. It has but one eye, and that considerably larger than the natural eye of a young pig, and placed directly in the

centre of the forehead. The eye, to all external appearances, is perfect. And nature seems to have made no effort whatever to introduce eyes in the usual position, as that part of the head is as smooth as the young porker's back.

The mother of this young "Freak" was the property of a farmer living on a cross-road about two miles from town; and was one of those honest, steady-going country sows that had never attended a circus or menagerie, and had never seen a rhinoceros. Neither had she been visited by any of Vulcan's venerable blacksmiths—the Cyclops; nor fed by a cross-eyed servant; and, so far as we have been able to ascertain, her mind had never been harrowed up by a perusal of John G. Saxe's poem of "Polyphemus and Ulysses."

With all this array of negative evidence in the case, we can but conclude, that while it cannot be disproved that the *fetus in utero* may be affected by impressions made on the mind of the mother, yet a large share of the freaks of nature, deformities, imperfections, naevi, etc., must be otherwise accounted for, or remain among the unaccountable things of earth.

G. W. NESBITT, M. D.

Sycamore, Ill., Nov. 12th, 1875.

The Rational Treatment of Gonorrhœa.

ED. MED. AND SURG. REPORTER:—

I notice in the columns of the REPORTER, a disuse of "the regulation cubebs and copaiba," in the treatment of gonorrhœa, on the part of many physicians. If the ball is not already at the foot of the hill, I desire to add my mite to help it there.

Some time ago Mr. M. called at my office. I learned that eighteen months previous he went to his physician for treatment for an acute case of gonorrhœa. He was at once put upon the "old, reliable balsam-copaiba and cubebs" course, and given a solution for injection, strong enough to remove entirely the epithelium from the urethra. The result was just what one would expect. The yellowish-green discharge, the cedematous prepuce, the swollen glans, instead of disappearing at the end of ten days, as they should, under sensible treatment, continued, constantly aggravated by other as nauseous and stimulating diuretics, and pernicious injections. A form of cystitis was developed, and gleet and stricture followed, which I verily believe were the result of the treatment. For months he had had "pin-head" gleet. Discharge not abundant; just a mere running; only enough to moisten the meatus. While abstaining from any excess, he enjoyed almost a complete immunity from pain; upon any indulgence, however, there was difficult micturition, pain in the perineum and urethra.

I believed it to be a case of stricture. It was with the utmost displeasure that he consented to the introduction of the sound. Upon its introduction it passed readily in, till a little beyond the bulbous portion, when it was arrested;

but constant, steady pressure for a moment overcame the resistance, and it went into the bladder. Here was the proof.

He positively objected to treatment by dilatation, and I therefore did not take the case. I followed it for some eight weeks, in the hands of another, who put him upon internal treatment and injections, with no success. At this time he left the place, and I have not since learned anything of the case, but believe, without different treatment, his course is still "onward."

May 17, 1875. Mr. S. called upon me, saying he had been under treatment for fourteen days for gonorrhœa. He had been taking the "sovereign remedy," "balsam copaiba and cubebs," but growing constantly worse. Do not know as any injection was used. He presented the following symptoms: glands red and swollen, prepuce exceedingly œdematous, soreness along tract of urethra, discharge highly tinged with blood, and excessive. His own words were, "I must have help soon or this will kill me," and not without a little foundation was the conclusion. Discontinued the "balsamic preparation," put him upon saline diuretics, gave him a weak solution of sulphate of zinc, acetate of morphia and soft water, as an injection, to be used just as soon as inflammatory symptoms began to disappear. He had no other treatment, and in some two weeks was well. Saw him a few evenings ago, and put him upon same treatment for another attack, which speedily yielded, without those disagreeable, alarming symptoms, the concomitant of "balsam copaiba." I am unwilling to believe that these old remedies are of any use, and I must freely confess, that experience teaches me that they are not only of no use, but work positive mischief.

DANIEL E. THAYER, M. D.

Huntington, West Virginia, Nov. 4, 1875.

NEWS AND MISCELLANY.

Philadelphia Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held, Wednesday November 24th, 1875, at 8 o'clock P. M., at the hall of the College of Physicians. Dr. L. Turnbull will read a paper on "Clinical observations on the importance of relieving pain in acute affections of the ear." The medical profession are cordially invited.

Personal.

—The Faculty of Medicine of Paris, and, indeed, the profession at large, has sustained a great loss in the death of Dr. Lorain, which occurred suddenly, on the 24th of October, in the forty-eighth year of his age.

—Dr. D. A. K. Steele has been appointed one of the Assistant Surgeons of the Woman's Hospital of the State of Illinois.

Items.

—A young man, accompanied by two police officers, entered a dissecting-room in Montreal, some time ago, and laid claim to a dead body, which he declared was that of his grandmother. No resistance was offered, and the stranger quietly removed the corpse.

—Prescott says, of the ancient Aztecs, "Hospitals were established in the principal cities for the cure of the sick and the permanent refuge of the disabled soldier, and surgeons were placed over them, 'who were so far better than those in Europe,' says an old chronicler, 'that they did not protract the cure in order to increase the pay.'"

OBITUARY.

DR. JAMES S. McCLELLAND.

Departed this life, at his home, in Crawfordsville, Indiana, August 29th, 1875, James S. McClelland, M. D. He graduated from the Ohio Medical College, at Cincinnati, Ohio, in 1850. A man of great force of character, and an enviable reputation as a physician and surgeon, he went down in the harness, at the zenith of life and reputation, by that dreaded disease, phthisis pulmonalis.

At the beginning of the late war he entered the service as Lieutenant Colonel of the 15th Illinois regiment, but was soon appointed Medical Director on the staff of Gen. Seigel, in Missouri. After a period of service there, he was transferred to the department of the Tennessee, where he served as Inspector General of Field Hospitals. He remained in this capacity till the fall of '63, when he received an injury which compelled him to resign.

In 1864, his health having much improved, he was chosen Surgeon of the 135th Indiana volunteers, but was soon called to other and varied duties. Finally he was appointed to a position upon the staff of Gen. Sherman, but did not reach the command in time to take part in that memorable march.

He was buried in due form, by his brethren of the Masonic Fraternity, of which Order he was a worthy member.

T. J. G.

MARRIAGES.

BARWIS—ROGERS.—At the Methodist Episcopal Church, Old Bridge, N. J., on the 28th of October, by the Rev. E. Barwis, Elmer Barwis, M. D., of Hamilton Square, N. J., son of the officiating clergyman, and Hallie A. Rogers, of Old Bridge.

WHITE—SULLIVAN.—In Indianapolis, Indiana, by the Rev. J. W. Sullivan, D. D., Dr. Silas M. White, of Kokomo, and Miss Carrie E. Sullivan, daughter of Thos. H. Sullivan, Esq.

DEATHS.

BOLES.—At Lucas, Richland county, Ohio, November 11th, 1875, of acute encephalitis, Grace, only daughter of Dr. R. S. and Katherine Boles, aged 6 months and 29 days.

CROWELL.—At his residence, at Richland, Ark., on the 29th of August, Dr. Buckner K. Crowell, of swamp fever, in the 37th year of his age.